

View on DRID and future strategy

EU expert meeting on the EMCDDA key epidemiological indicator Drug Related Infectious Diseases (DRID),

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View on DRID and future strategy

Main issues

- Overview of DRID, achievements, improvements and challenges
- Reflexions for further improvements of DRID **behavioural indicators**
 - Some previous considerations
 - Challenging issues and brainstorming of possible strategies
- DRID (**behavioural indicators**). & goals

View on DRID and future strategy

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- Overview of DRID, achievements, improvements and challenges on DRID
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- DRID & goals (behavioural indicators).

Overview of DRID

DRID is a quite complex indicator. It gathers information from quite many different sources:

- Seroprevalence studies (HIV, HCV, HBV)
- Sero-behavioural studies (different settings, street, treatment centres, different geographical levels, diverse populations and methodology)
- Notification systems/routine sources (i.e screening in harm reduction settings or HIV diagnoses notification)

.... But also:

- Problem drug use indicator (indirect estimates of IDUs' prevalence)
- TDI (drug users entering treatment).
- Drug related death indicator
- Data on availability of services and coverage

Achievements, improvements and challenges on DRID

- Quite important set of data available on prevalence of HIV, HCV, HBV.
- General outline of a DRID monitoring guidance toolkit
 - Review of former behavioral DRID indicators and elaboration of a new proposal
 - Thorough process including technical discussions and an “Expert consultation on the revision of behavioural variable in ST9/3”
 - Final unedited draft of a “Module on Behavioural Indicators for Injecting Drug Users” (for review)
 - “Example Questionnaire” (for review)
 - Draft version of “Module on HIV and viral Hepatitis seroprevalence and behavioural studies in IDU’s”
- Inclusion of a set of DRID indicators in TDI protocol.
- Special projects in the DRID frame: i.e modeling network.

Achievements, improvements and challenges on DRID (**behavioral indicators**)

- Brief overview issues on the number/trend of reported studies, countries, For the period 2007-2012:
 - For indicator “recent sharing of used needles/syringes” a relevant number of studies have been reported.
 - There are some indicators with a considerable number of reported studies (i.e recent HIV testing uptake, last 12 months), but the great majority are local/subnational, not national.
 - The trend in the number of indicators, reporting countries and studies between 2007 and 2012 is increasing.
 - Limitations on comparability seems to be quite relevant due to differences on populations or study methods.
 - Time-series studies are scarce. Shortage of trend data is a relevant weakness since they should provide a certain guarantee of comparativeness at least within the same study and geographic area.

Sources:

1. LW's presentation at 2011 DRID Meeting.
2. Draft-preliminary report on behavioral indicators, pilot data collection 2007-2011. EMCDDA 2012. Still pending to be validated by countries.

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Further improvements of DRID behavioural indicators

Previous considerations

- **Relevant** issues of an useful behavioral monitoring system:
- Comparability (geographically & time comparability)
- It should be based on a limited, not extended number of indicators .
Minimum common set of items.
- Participation of a notable % of potential reporters (country, local)
- Sustainability (in principal to the availability of time-series)
- Existence of a quality management of the above mentioned conditions
- ...
- ...

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Further improvements of DRID **behavioural indicators**

Relevant challenges and brainstorming

- Improve sustainability
- Increase the number of time series at national or subnational level
- Increase the number of reporting countries
- Reach the maximum of behavioral indicators being reported



Strengthening of the links with well-established and consolidated monitoring or information systems

Further improvements of DRID **behavioural indicators**

Relevant challenges and brainstorming

Treatment Demand Indicator (TDI)

- High number of reporting countries (29 in 2009)
- Considerable number of time series
- Sustainability (institutional or subsidized centres)
- Already includes a few DRID behavioural indicators
- Caution: data can not be extrapolated to the whole population of drug users and may be not representative of the wider population of DUs, particularly when a large % of this population is not in contact with treatment centers/other services.

Further improvements of DRID behavioural indicators

Relevant challenges and brainstorming

Treatment Demand Indicator (TDI)



1. Would it be feasible to promote cross-sectional periodical surveys including a short questionnaire for (all or part of) the DRID behav indicators at treatment centres (or any type of specific centres)? How could it be performed? How should it be linked to the TDI?

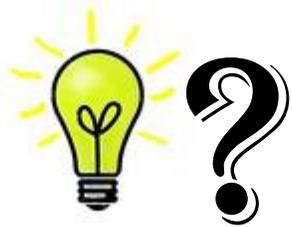


2. Are there countries gathering information in their national “treatment information systems” on some DRID behavioral indicators (other than the already included in the TDI) that could be voluntarily reported to the EMCDDA?

Further improvements of DRID behavioural indicators

Relevant challenges and brainstorming

1. Cross-sectional periodical surveys including a short questionnaire for (all or part of) the DRID behavioral indicators at treatment centres (or any type of specific centres)



- Objectives, methodology, operational issues should be defined.
- Short questionnaire, but to which extension? All Core & Additional indicators? Also Optional indicators? (Example questionnaire already available). Extension according to country interest.
- Anonymous questionnaire? Self-completed?
- Low cost. Internet based? With individual results only accessible to the country, but aggregate data easily ready to EMCDDA notification?
- Could an on line tool be adapted for the questionnaire?
- Centered in some specific population?
- Including only a set of stable sentinel sites per country?
- Inclusion only one type of specific centres?
- Periodicity?
-?

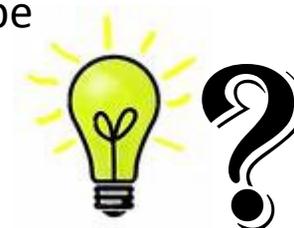
Further improvements of DRID behavioural indicators

Relevant challenges and brainstorming

1. Cross-sectional periodical surveys including a short questionnaire for (all or part of) the DRID behavioral indicators at treatment centres (or any type of specific centres)

Role of EMCDDA:

- To lead a proposal, could it be a specific toolkit on this issue or should it be a adaptable protocol?
- Could it be developed by a working group with interested National Focal point experts and nominated experts?
- An EMCDDA example questionnaire already exists wich could be the base for specific questions of the short questionnaire
-?



2. Gathering of information already being included at some national “treatment information systems” on some DRID behavioral indicators (other than the already included in the TDI).

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DRID (behavioural indicators) & goals

Formalization of a quality evaluation plan for the new version of behavioural indicators, including i.e:

- Definition of some goals to be reached in order to assess the implementation of the new version of behavioural indicators.
- Establishment of a piloting period to assess the performance of each behavioural indicator
- The evaluation could include i.e. :
 - The number of reporting countries, Number of time-series studies or comparable studies. Number of local/national studies.
 - A detailed assessment of comparability.
 - A basic quality assessment on the information about the reported studies (clear definition of population and recruitment and study methods)
 - A data analysis plan that would allow the behavioural indicators to be useful to inform a possible alert on drug changing patterns or increasing risky behaviour
 - The triangulation with information about services, drug dependence treatment or harm reduction services
- Assessment of the barriers and possibilities to overcome them in order to get conclusions that could help policy making.

Final remarks

- DRID is a complex indicator. Different recruitment approaches are needed. Triangulation of information is crucial.
- There is a need of strengthening data collection for the DRID behavioural indicators. Could be the establishing of links between DRID behav indicators and a consolidated monitoring system, as TDI, an useful strategy to improve sustainability and to increase the number of time series behavioural studies? Is it feasible for a relevant number of countries? How could it be performed to guarantee a minimum comparability? Could it be by means of a detailed toolkit module or should it be more similar to an adaptable protocol? Which other strategies would help to promote the implementation of time-series studies?
- The formalization of a quality evaluation plan for the new version of behavioural indicators would probably help EMCDDA and countries to do the best use of behavioural data collection.

- Thanks